


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F17114**  
 1. Entity Name  
**M & G BEAUTY SALON, INC.**



Principal Place of Business 1779 NE 121ST ST N MIAMI, FL 33181-2816	Mailing Address 1779 NE 121ST ST N MIAMI, FL 33181-2816
---	---



02052004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2497549	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

SMITH, MARIA J  
 3551 SW 139TH AVE  
 MIRAMAR, FL 33027-3251

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, MARIA J 3551 SW 139TH AVE MIRAMAR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMITH, ALFREDO 3551 SW 139TH AVE MIRAMAR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, ALFREDO 3551 SW 139TH AVE MIRAMAR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000063033  
 02/23/04-80143-023 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Maria Smith* MARIA SMITH PRESIDENT 02/23/04 (305) 893-6901